



# 24/25 Sponsor Form

Please complete this form and submit with your donation check made payable to Sporting California, Inc.

<input type="checkbox"/> TEAM SPONSOR
<input type="checkbox"/> PLAYER SPONSOR

Please check if this is a Team or Player Sponsorship

Player/Name: \_\_\_\_\_

Team Age/Region: \_\_\_\_\_

Coach: \_\_\_\_\_

Amount Donated: \$\_\_\_\_\_ Ck#: \_\_\_\_\_

Name & Address of Company or Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Mail this form and your donation to:

<p><b>Sporting California, Inc.</b> <b>350 S. Milliken Ave. Ste: J</b> <b>Ontario, CA 91761</b></p>
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An acknowledgment letter with our EIN number will be sent as receipt for contributing to our club. If you have any questions or need assistance, please contact our office at (951) 285-6666 Monday – Thursday (9am-2pm).

Sporting California, Inc. thanks you for your support.